PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

Application or Docket Number 10/537953

									<u></u>			
CLAIMS AS FILED - PART I								SMALL ENT	my .	OR	OTHER	•
<u> </u>			(Column	1)	0	Column 2)	_			- 01	SMALL E	NIIIY
U.S	. NATIONAL S	STAGE FEES		•				RATE	FEE		RATE	FEE
BAS	IC FEE		SMALL ENT.		LARG	SE ENT. = \$ 300		BASIC FEE		OR	BASIC FEE	30p
EXA	MINATION FE	E	Satisties PCT Art (4) = \$ 50/	\$ 100		her situations = 100 / \$ 200		EXAM, FEE			EXAM FEE	240
SEA	RCH FEE		U.S. is ISA = \$6 ALL other coun \$ 200 / \$4	tries =	_	her attuations = 250 / \$ 500		SEARCH FEE		•	SEARCH FEE	.40
FEE	FOR EXTRAS	PEC. PGS.	minus	100=	•	/50 = · .		X \$ 125 =			X \$ 250 =	
τοτ	AL-CHARGEAE	RLE CLAIMS	21 min	• :			X \$ 25 =		OR	X\$50=	50	
INDI	PENDENT CL	AIMS	4 mir	- 1			X\$100=	F	OR	X \$ 200 =	200	
		DENT CLAIM PRE						+\$ 180 =		OR	+\$380=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	1150
01 41110 40 444717777 74771												
CLAIMS AS AMENDED - PART (I (Column 1) (Column 2) (Column 3)								SMALL E	NTITY	OR	OTHER SMALL E	
AMENDMENT A	6/8/5	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER	PRESENT		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 21	Minus	- 2	1	=		X\$25=		OR	X \$ 50 =	
	İndependent	• 4	Minus	** 4		# ·		X \$ 100 =		OR	X\$ 200 =	•
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+\$ 180 =		OR	+\$360=	/
			······································				•	TOTAL ADDIT.		.OR	TOTAL ADDIT. FEE	
·	•		•	•				ree (ree (•
		(Column 1)	•	.(Cotum	nn 2)	(Column 3)			•			
AMENDMENT B		CLAIMS REMAINING AFTER AMENOMENT		RIGHI MUME PREVIO PAID I	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADOI- TIONAL FEE
	Total .	•	Minus	**		=		X \$ 25 =		OR	X\$50=.	·
	Independent	•	Minus ·	***		8		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+*\$ 180 =		OR	+ \$ 360 =	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT.	
								FEE			FEE (
	If the entry in eat-	· ····································	e este le colone e	maile COP 1								
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".												
	If the "Highest Nu The "Highest Num	miber Previously Pai mber Previously Paid	id For' iiN THiS SP/ I For' (Total or Inde	NCE is less pendent) is	s the high	, enter "3". hest number found	d in th	e appropriate bo	tin column 1.			